(3vs) 860-8188 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P9600082434 1. Entity Name COLONY STAFFING I, INC.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OI JUN -7 PM 1:03		
Principal Place of Business 3225 AVIATION AVENUE STE. 700 COCONUT GROVE FL 33133		Mailing Address 3225 AVIATION AVENUE STE. 700 COCONUT GROVE FL 33133				,	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN 1	THIS SPACE	
City & State		City & State		4.	FEI Number 65-0688992		oplied For ot Applicable
Zìp	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current Ro	egistered Agent		7.	Name and Address of New Registe		
MARCUS, STEWART 3225 AVIATION AVENUE STE. 700			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
COU	ONUT CROVE FL 33133		City			FL Zip Cod	e
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered In this corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE Atter MAY 1, 2001 Fee Make Check Payable to De			Fee will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.	_ ~~~	00 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D MARCUS, STEWART 3225 AVIATION AVENUE, STE. 700 COCONUT GROVE FL 33133	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AE	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET AODRESS CITY-ST-ZIP	P RAFOFSKY, HARVEY P 3225 AVIATION AVENUE, STE. 700 COCONUT GROVE FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		30000443 -06/20/01 ****826.	32999 01085 25_****1	ו געע
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FAGAN, PETER F 3225 AVIATION AVENUE, STE 700 COCONUT GROVE FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
indicated of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower or on an attachment with an address; with	ue and accurate and that my ered to execute this report as	ne exemption state signature shall ha required by Chap	ed in Section we the same oter 607, Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; the da Statutes; and that my name appe	r certify that the in lat I am an officer lars in Block 11 or	iformation or director Block 12 if